

## Editorial

### Radiography education funding – crisis or opportunity?

The United Kingdom (U.K.) government's 2015 Comprehensive Spending Review announced sweeping changes to the funding for nursing and health professional education programmes in England.<sup>1</sup> Undoubtedly this is the most significant change to affect radiography education in the UK since the transfer from diploma level education to a graduate-entry profession. With an ageing workforce and service transformations underway,<sup>2</sup> including the move towards a comprehensive seven day clinical imaging and radiotherapy service, anything that may put student radiographer recruitment and retention at risk is concerning. Currently eighteen higher education institutions (HEIs) in England provide diagnostic and/or therapeutic radiography pre-registration education,<sup>3</sup> with many of these universities also offering a range of postgraduate and CPD (non credit-bearing) courses. For many years the pre-registration programmes have been funded via the Department of Health's budget, via Health Education England (HEE). Tuition fees have been paid direct to the HEI following a standardised 'National Benchmark Price' and placement fees have been paid direct to placement providers. Radiography students have traditionally received an NHS bursary and means-tested maintenance grant, as well as assistance with placement-related travel and accommodation expenses.

From 1 August 2017, the HEE funding will be transferred to the Department of Business, Innovation and Skills, and new students will be required to take out a student loan to pay their university tuition fees directly.<sup>1</sup> While the 2017-18 academic year may seem a long time away, prospective students are already visiting HEIs in preparation for selecting their applications for the 2017 intake. A consultation process is underway to negotiate the detail, but this radical change has posed many fundamental questions for our profession. For example, what might these changes mean for the future of radiography education in England, and will they have any impact on the other countries of the United Kingdom? How might they affect future student recruitment and retention? What will be the financial impact on our universities – will we see some programmes withdrawn, and indeed new entrants to radiography education? Will we need to change our delivery, and if so, what can we learn from other countries?

Many HEIs are at the very least unsettled by the proposed changes. One of their concerns is whether the tuition fee will be restricted to the standard tuition fee (£9000 per annum), which is approximately £1600 lower than the current radiography National Benchmark Price. While we expect there will be an additional allowance for the higher cost science programmes like radiography, the profession will be under increasing pressure to make a strong case for the extra costs of delivering these programmes (e.g. requirement for on-campus medical imaging skills and simulation facilities).<sup>4</sup> Restricting radiography programmes to the standard tuition fee would result in a significant loss of income; it is conceivable that some HEIs could determine that, on balance, providing a radiography programme is not sufficiently cost-effective. This is a particular concern for programmes with low cohort numbers, or who have significant recruitment and retention problems – could some radiotherapy programmes be seen as 'at risk' in the near future?

Currently student numbers are tightly controlled via a commissioning process based on national workforce data,<sup>2</sup> however the radical proposals aim to provide "10,000 additional nurses, midwives and allied health professional training places over this parliament".<sup>1</sup> The assumption is that for this

training increase to occur, the capping of student numbers will be removed. This may lead to increased HEI competition, inappropriate admissions offers, and an over-supply of radiographers in the future. Of course, the limiting factor for student numbers is likely to be clinical placement capacity, which will ultimately be a calming influence on cohort sizes. Placement providers could be in competition with each other for students from a particular HEI; conversely HEIs could be competing for the same placement opportunities. Whichever scenario plays out, this is an opportunity for totally new placement models to be considered, with opportunities for student sponsorship and scholarships emerging.

Similarly, in a more competitive environment, the radiography programmes will need to consider their own unique selling points (USP) to attract students who may become even more discerning. For some programmes, the USP may come from curriculum innovations within the traditional radiography undergraduate framework, and we have many examples of these innovations already,<sup>5-8</sup> but for others this may mean a radical re-think of the delivery of their programmes. Already being discussed (and delivered) in some HEIs are pre-registration masters degree programmes, 3+1 models of training (traditional radiography degree followed by a one year specialist masters degree), two year 'fast-track' degrees, and single modality curricula including pre-registration ultrasound education. Here we can learn much from alternative models of radiographer education delivered successfully around the world. In a recent survey of HEIs representing 21 European countries,<sup>9</sup> the majority offered a combined Medical Imaging, Radiotherapy and Nuclear Medicine programme; 'single specialism' programmes were in the minority. Recent developments in Malta and Portugal showed a trend towards the merging of separate, discipline-specific programmes to a 4 year combined programme.<sup>9</sup> This merging of specialties and qualification to practice in multiple disciplines was also highlighted in a survey on behalf of the International Society of Radiographers and Radiological Technologists.<sup>10</sup> Perhaps we should consider these models, particularly to support 'hard to recruit' disciplines such as therapeutic radiography?

So what effect will this have on the students of the class of 2017? These students will be required to take out loans for their tuition fees and living expenses. Some positive news is that there is likely to be a 25% increase in the financial support available to most students for living costs,<sup>1</sup> which may reduce attrition due to financial pressures. Graduates pay back their loans once they are earning over £21,000 per year,<sup>1</sup> and while the thresholds and amounts can change according to government policy, currently on an NHS Band 5 starting salary of £21.7k they would repay £5.25 per month.<sup>4</sup> If income drops below £21,000 (for example part-time working or a career break), repayments stop, and any unpaid loan is written off after 30 years.<sup>1</sup>

Initially there may be an adverse effect on student application numbers, in particular affecting widening participation students. This may impact more upon programmes based in socially deprived areas and with higher numbers of mature students. However for school-leavers the effects are likely to be short-lasting, as student expectations of loans is now the norm for non-health programmes. It is up to us as a profession to ensure that prospective students are exposed to accurate information as soon as it becomes available to enable them to make informed choices. While this change affects England only, it is unclear how this may affect students from one devolved country who wish to study in another. In February 2016, the First Minister for Scotland announced that Scotland would retain 'a nursing and midwifery bursary', though the Scottish Government is undertaking a review of student support.<sup>4</sup> There will certainly be further debates related to meeting health service needs

within a financially sustainable system; it is likely that the other two countries within the UK will be having similar debates.

Within any change an entrepreneur will always find an opportunity, and this major change is no exception. It will provide the impetus for our radiography academics, their clinical partners and the profession as a whole to look long and hard at our current educational provision, identifying innovative solutions to address our future service needs within this rapidly changing environment. Students are becoming consumers who are better informed and more demanding of a positive student experience and value for money – this is only likely to increase once they recognise that ultimately they are ‘holding the purse-strings’. We need to work with our partners in the U.K. and overseas to explore new educational models and placement innovations, while at the same time ensuring that our essential role as quality gatekeepers to the profession is secured.

## References

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